

PART B - FEE(S) TRANSMITTAL

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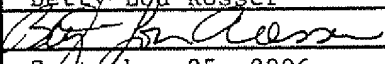
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39072 7590 09/19/2006

MYERS BIGEL SIBLEY & SAJOVEC, P.A.
P.O. BOX 37428
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Betty-Lou Rosser	(Depositor's name)
	(Signature)
September 25, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/828,602	04/21/2004	Donald Smith	9400-84 (030849)	5502

TITLE OF INVENTION: METHODS, SYSTEMS, AND TERMINALS FOR LOAD COIL SWITCHING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, KYUNG S	2832	200-01100R

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list Myers Bigel Sibley & Sajovec, PA (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Bellsouth Intellectual Property Corporation** (B) RESIDENCE: (CITY and STATE OR COUNTRY) **Wilmington, Delaware**

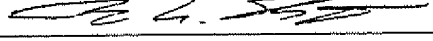
Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-0220** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature  Date September 25, 2006
Typed or printed name Rohan G. Sabapathypillai Registration No. 51,074

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